

COMMONWEALTH OF KENTUCKY
OFFICE OF INSURANCE
Agent Licensing Division
P. O. Box 517, Frankfort, KY 40602
502-564-6004
or
<http://doi.ppr.ky.gov/kentucky>

REPLACEMENT OR ADDITIONAL LICENSE REQUEST

(This is NOT a change of address form. For change of name or address, use FORM 8303)

FULL NAME _____ DOI # _____
(or SSN or FEIN)

Home Address _____

City _____ State _____ Zip _____ Phone _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

- 1) Replacement license is being requested because the license has been:
____ Lost ____ Stolen ____ Destroyed or ____ Line of Authority Changed by KY Law
(No fee is required) (I have attached the original license issued)

- 2) Additional license is needed to comply with KRS 304.9-390. I understand that there will be a \$5.00 fee for each license. Please send me ____ additional display license(s) at \$5.00 each. Please send me ____ additional Pocket ID Card license(s) at \$5.00 each.
(Please make check payable to the Kentucky State Treasurer)

KRS 304.9-390 provides in relevant part that

(1) every individual or business entity issued a license with Kentucky as the home state shall have and maintain in this state a place of business accessible to the public, and wherein the licensee principally conducts transactions under his or her license. The address of the place shall appear upon the license. Nothing in this section shall prohibit maintenance of such a place in the licensee's residence in this state.

(2) The licenses of the licensee shall be conspicuously displayed in the place of business in a part customarily open to the public.

TYPE of replacement or additional license requested:

____ Adjuster	____ Consultant – Life/Health	____ Reinsurance Intermediary Manager	____ Specialty Credit Managing Employee
____ Apprentice Adjuster	____ Consultant – Property/Casualty	____ Rental Vehicle Agent	____ Specialty Credit Producer
____ Administrator	____ Managing General Agent	____ Rental Vehicle Managing Employee	____ Viatical Settlement Broker
____ Agent	____ Reinsurance Intermediary Broker	____ Surplus Lines Broker	____ Viatical Settlement Provider

ATTESTATION

I hereby certify that, under penalty of perjury, all of the information submitted in this form is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Signature of Licensee

Date Signed